NDERF Fact Sheet

Are NDEs "real," or are they hallucinations/dreams/medication effects/oxygen deprivation?

Prepared for public education and research literacy (NDERF.org)

Why this is a vitally important question

A near-death experience (NDE) is one of the most vivid, meaningful, and life-changing experiences a person can have. People understandably ask whether NDEs are "real," or whether they are simply the byproduct of a stressed brain—hallucinations, dreams, medications, low oxygen, or other physiologic disturbances. A scientifically responsible answer requires separating two issues:

- Are NDEs real experiences? (i.e., did the person truly have a coherent experience in consciousness that can be described, studied, and measured?)
- What causes NDEs? (i.e., what mechanisms best explain why they occur and what they represent?)

Modern peer-reviewed research strongly supports the conclusion that NDEs are real experiences with a recognizable phenomenology, measurable with validated scales, and studied with standardized methods. No single "simple" explanation (dream, medication, oxygen deprivation, etc.) has been shown to account for the full phenomenon across settings. [1–3]

At-a-glance summary

NDEs are real experiences: NDEs form a recognizable pattern across many reports, and research instruments (e.g., the Greyson NDE Scale) reliably quantify them. [3–6]

Proposed physiologic and neurocognitive contributors (hypoxia, medications, REM intrusion, etc.) have not been shown to fully explain NDEs as a whole. [1–3,7–10]

Best current scientific posture: None of the following 12 lines of evidence for the reality of NDE can be explained by physical brain function. The convergence of these lines of evidence points to the conclusion, generally shared by near-death experiencers, that NDEs are real experiences occurring separate from physical brain function (see full 25,000-word article discussing this at: https://www.bigelowinstitute.org/wp-content/uploads/2022/10/long-survival-consciousness.pdf):

1. Consciousness and alertness during near-death experiences is usually greater than during

their everyday life. This is medically inexplicable given that NDEs occur when they are unconscious or clinically dead.

2. What near-death experiencers see and hear while they are out-of-body during near-death experiences is almost always completely accurate. Out-of-body observations far from their physical body are also nearly always totally realistic. Nearly all out-of-body observations are confirmed as accurate when later checked by NDErs or others.

3. Supernormal sensory awareness is consistently described in near-death experiences. Normal or supernormal vision may occur in those born totally blind and in those with severe vision impairment.

4. Typical near-death experiences occur while under general anesthesia at a time when conscious and lucid experiences should not be possible.

5. When deceased loved ones are encountered in near-death experiences, they are virtually always deceased at the time of the NDEs and almost always appear in perfect health.

6. The core content of near-death experiences from all around the world is remarkably consistent. NDEs from non-Western countries are remarkably similar to Western NDEs.

7. The core content of near-death experiences in children, including very young children, is strikingly similar to the NDEs of older children and adults.

8. Life reviews in near-death experiences typically have an unearthly acceleration of consciousness. They include real events that occurred in the NDErs' lives, even if they were long forgotten.

9. Near-death experiencers commonly have substantial changes in their beliefs and values as aftereffects following their NDEs. NDErs usually develop a greatly increased belief in an afterlife and decreased fear of death.

10. Near-death experiencers generally accept the reality of their NDEs. The NDERF survey found that 93.8% of NDErs believed that their experiences were definitely real.

11. Shared near-death experiences occur when two or more people have a life-threatening event simultaneously, with at least one person surviving and the other(s) permanently dying. The surviving NDEr later describes a shared experience with the permanently deceased person(s). This is significant evidence that what is described in NDEs is the initial journey of the irrevocably deceased into the afterlife.

12. The remarkably consistent spiritual content of near-death experiences is further evidence for the reality of NDEs. In describing the profoundly blissful afterlife, NDErs are consistently aware of the vital importance of love, the reality of God that transcends human understanding, and the unity of all of us.

!. What the best evidence supports (high-confidence statements)

A. NDEs have a distinct, measurable phenomenology

The Greyson Near-Death Experience Scale is widely used in peer-reviewed research to identify and quantify NDEs. Its construction and validation support that NDEs are not merely random or unclassifiable experiences. [4,5]

B. NDE reports show substantial long-term consistency

A study examining NDE reports over two decades found that accounts were generally stable rather than progressively embellished, arguing against the idea that NDE narratives routinely inflate into fantasy over time. [6]

C. Resuscitation science treats recalled experiences around clinical death as legitimate research targets

A multidisciplinary consensus statement provides standards for studying recalled experiences of death and emphasizes careful definitions, ethical considerations, and prospective methodology—reflecting that this is a legitimate area of scientific investigation. [1,2]

2. Are NDEs dreams?

NDEs may share superficial similarities with dreams (imagery, narrative, emotion), but several commonly reported NDE characteristics differ from those of typical dreams. Many experiencers emphasize marked lucidity and exceptional clarity. NDEs also commonly contain structured thematic clusters that recur across people, whereas dreams are typically more idiosyncratic. Dreaming alone has not been shown to explain the distinctive NDE pattern across settings. [1–3,9]

3. Are NDEs hallucinations or delirium?

The term “hallucination” is often used loosely. A rigorous comparison asks whether NDEs match the typical phenomenology of delirium or random hallucination states. Delirium is commonly associated with confusion and disorganized cognition, whereas NDE reports generally emphasize unusually clear consciousness. It means that labeling NDEs “hallucinations” is a claim that is blatantly false. Current evidence does not support the view that NDEs can be fully reduced to delirium-like phenomena. [1–3,9]

4. Are NDEs medication effects (including anesthesia or ketamine-like states)?

Some medications can produce experiences with superficial similarities to NDEs. Dissociative anesthetics (notably ketamine) have been proposed as partial models for certain NDE-like phenomena. However, the overlap is very superficial. NDEs are reported across diverse contexts, including situations without such medications. Drug models may illuminate potential mechanisms for some elements, but medications, including psychotropic (brain-activating)

substances alone, are not established as a general explanation of NDEs and do not significantly reproduce what happens in NDEs. [1–3,13]

5. Are NDEs caused by oxygen deprivation (hypoxia/anoxia)?

Hypoxia/anoxia is frequently proposed because it can occur during critical illness. However, prospective cardiac arrest research does not support a "more hypoxia = more NDE" story. In a large prospective study, the occurrence of NDEs was not associated with several anticipated medical/pharmacologic variables, including hypoxia, and the authors emphasized the complexity of explaining NDEs. Bottom line: hypoxia/anoxia cannot explain NDEs. [7]

6. What does modern resuscitation science say about consciousness near cardiac arrest?

Modern resuscitation research increasingly recognizes that death is a process and that cognition and brain activity around cardiac arrest and resuscitation are complex. Prospective studies have investigated reports of cognition/awareness during resuscitation and have examined physiologic and electrocortical biomarkers during CPR. These studies do not settle the ultimate interpretation of NDEs, but they support the view that recalled experience in proximity to death is scientifically plausible and empirically investigable. [11,12]

7. Bottom line

A careful, evidence-aligned conclusion is that NDEs are real experiences with recognizable recurring features that can be studied with validated measures and rigorous prospective designs. NDEs are not explainable as dreams, hallucinations, medication effects, or oxygen deprivation. As the overwhelming majority of those who had NDEs recognize: NDEs are, in a word, *real*. [1–3,7–12]

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